

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Norway Hill Associates, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2016		
Mailing Address 30 Norway Hill Road			Amount 35776.87		
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6737		
Purpose of Expenditure direct voter contact/direct marketing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kelly A. Ayotte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Norway Hill Associates, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2016		
Mailing Address 30 Norway Hill Road			Amount 11925.63		
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6738		
Purpose of Expenditure direct voter contact/direct marketing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Margaret Wood Hassan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47702.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			47702.50		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Nancy H. Watkins		[Electronically Filed]		Date MM / DD / YYYY 07 / 29 / 2016	